

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097807086

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51								
2	/	/					52								
3		/					53								
4		/					54								
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47							96								
48							97								
49							98								
50							99								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	13						TOTAL DEP.								
TOTAL CLAIMS	15						TOTAL CLAIMS								

Best Available Copy